



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

RCE/213X

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 10191/1452	APPLICATION SERIAL NO. 09/581,459	EXAMINER Jacob LIPMAN	ART UNIT 2134
INVENTOR(S): Stephan SCHMITZ et al.	CONFIRMATION NO. 7359		

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: February 13, 2007

Signature:

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/581,459 filed on July 27, 2000 entitled **SYSTEM FOR CONTROLLING ACCESS AUTHORIZATION**. The following constitutes the submission required by 37 C.F.R. § 1.114(a) and is attached:

Please enter the enclosed "Amendment Accompanying RCE" responsive to the Examiner's Answer mailed on December 15, 2006.
 Information Disclosure Statement
 Drawing Changes
 Other Submission:

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached. Amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	7	MINUS	20	0	50.00	0.00
INDEPENDENT CLAIMS	1	MINUS	3	0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					360.00	
				Number extra must be zero or larger	TOTAL	790.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL	00

2. Please charge the required RCE and submission filing fee of **\$790.00** to the deposit account of **Kenyon & Kenyon LLP**, Deposit Account Number **11-0600**.
3. The Commissioner is hereby authorized to charge to **Kenyon & Kenyon LLP** Deposit Account Number **11-0600**, payment of any additional fees required in connection with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon LLP**, Deposit Account Number **11-0600**.
4. A duplicate of this transmittal form is enclosed.

Respectfully submitted,

(R. No.
36,197)

Dated: February 13, 2007

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